ARIZONA STATE B	OARD OF HEALTH State File No
BUREAU OF VI	
	FICATE OF BIRTH.
	State aregne
County	State WU
District or Township	or Village
	C4 Ward
City City No.	
If child is not yet named, make supplemental report, as directed.	
2. Full name of child	
3. Sex of Child To be answered ONLY 4. Twin, triplet or other in event of plural	of birth
Tendle births. 5. No., in order of bi	rtn
8. FATHER	14. MOTHER
	Full majorn pame ma Felice
Full name runedad Sundon	73.200
9. Residence	15. Residence (Usual place of abode)
9. Residence (Usual place of abode) Haydur,	If non-resident, give place and state.
If non-resident, give place and state. Unq	If Hon-resident, give pines and bases
10. Color or race	16. Color or race
11. Age at last birthda (Years)	Medican 17. Age at last birthday 2.2. (Years)
Mylean	1. feetan
" Uriche	18. Birthplace (city or place)
2 12. Birthplace (city or place)	(State or country) Suralva, Myss
(State or country) Sonora, Hywill	
13. Occupation Muner	19. Occupation Thouseurs
10 11 m	Nature of Industry
Nature of Industry Copper Specificany	and now living
29. Number of children of this mother	ve and now living
(Taken as of time of birth of child herein	-13
certificate of attending Physician or Midwife and on the date above stated.	
nereby certify that I attended the birth of this child, who was (Born alive on stillborn) (Born alive on stillborn)	
When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn of the control of	
	(Physician or midwife.)
shows other evidence of the after bitch.	March Hugaril
Address	
Registrar.  Registrar.	
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